TOB: NEW AGENT



## ALABAMA DEPARTMENT OF REVENUE SALES, USE & BUSINESS TAX DIVISION TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627 www.ador.state.al.us

## Change of Registered Agent/Registered Office

MAIL TO: Alabama Department of Revenue Tobacco Tax Section P.O. Box 327555 Montgomery, AL 36132-7555

Printed Name and Title of above Authorized Person

For the purpose of having and continuously maintaining a registered agent at a registered office within the State of Alabama, the undersigned submits the following statements of fact:

	he exact name of the entity:
	Newly Appointed Registered Agent Information
2	. The name of the newly appointed registered agent:
3	The street and mailing address of the newly appointed registered office (must be in Alabama):
	(Include street name and number or physical location in addition to box number with the city and zip)
5	Signature of consent of new agent (required if changed):
5. <sup>-</sup>	The name of the former registered agent:
5. T	he street and mailing address of the former registered office:
- 6. <sup>-</sup>	
6. <sup>-</sup> 6. i	The street and mailing address of the former registered office:  (Include street name and number or physical location in addition to box number with the city and zip)  The undersigned further states that the street address of its registered office and the address of the business office or
- 6. <sup>-</sup> i 7. [	The street and mailing address of the former registered office:  (Include street name and number or physical location in addition to box number with the city and zip)  The undersigned further states that the street address of its registered office and the address of the business office or its registered agent, as changed, will be identical.  By my signature, I, as an official of the above corporation, do state that I signed this statement on behalf of the corporation.